

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Musselshell Roundup Public Schools 0605 0606 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 14 38 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL7T1C22J507339 180 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0605 0606 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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|---|----------------------------------|-----------------------------|--|-------------------------------------|-----------------|---------------------------|--|
| Due Dates: All Routes | | To County Supt October 1 | | To OPI October 15 | | \$0.95 | |
| County Name | | County Number | District Nan | ne | | Legal Entity Number | |
| Musselshell | | 33 | Roundup | Roundup Public Schools | | 0605 0606 | |
| Route # | Length of Route | (miles per day) | | Type of Service ☐ Bus Route Mi | | Rated Capacity | |
| 3 | 148 | | Bus Rout | □ Non Bus Mile Bus Route Mileage | | 48 | |
| Vehicle I.D. # | License # | | □ District Ow | □ District Owned District Owned | | | |
| 1GBL7T1C91J508468 | 173 | | □ Contract - If so, Name of Owner □ Contracted rate per mile | | | | |
| Reimbursement Distribution- Er | nter the legal entity | | | reimbursement to be pa | aid to each dis | strict. Note: Percentages | |
| Legal Entity 0605 | | | must match budget! Legal Entity 06 | | Legal Entity | | |
| | | | | | | | |
| % 50.00 | % 50 | .00 | % | | % | | |
| PASSENGER INFORMATION | | ELEMENTARY | RIDERS | HIGH SCHOOL | RIDERS | TOTAL | |
| Number of Preschool/Kindergar this route | ten pupils riding | (Grades Ph | _ | (Grades 9-2 | _ | ELIGIBLE RIDERS | |
| | | a NUMBER | | b NUMBER | ₹ | c a + b | |
| Regular (include eligible Preschool/h | Kindergarten riders) | | | | | | |
| 1st Wheelchair (WC) | | | | | | | |
| 2nd Wheelchair (WC) | | | | | | | |
| Additional Wheelchairs (WC) | | | | | | | |
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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Musselshell Roundup Public Schools 0605 0606 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 9 204 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAKBCKH95F226172 193 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0606 0605 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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|--|-----------------------|------------------------------------|----------------|--|-------------------------------------|--------------------------|------------------|-------------------------|--|
| Due Dates: All Routes | | | | | To OPI | R | ate Per Mile | | |
| | | | | | October 15 | | \$1.15 | | |
| County Name | | | County Number | | District Nam | ne | | Legal Entity Number | |
| Musselshell | | | 33 | | Melstone Public Scho | | | 0607 0608 | |
| Route # | Length o | of Route (| miles per day) | Type of Service Bus | | | leage | Rated Capacity | |
| 3 NORTH | 47 | | | | □ Non Bus Mileage Bus Route Mileage | | | 53 | |
| Vehicle I.D. # | | | | □ District Own | | | | ed | |
| 1GBL7T1C5WJ109600 | 1GBL7T1C5WJ109600 146 | | | □ Contract - If so, Name of Owner□ Contracted rate per mile | | | | | |
| Reimbursement Distribution- En | nter the leg | gal entity | | | | reimbursement to be p | aid to each dist | rict. Note: Percentages | |
| Legal Entity | Le | egal Entity | must match bu | | Legal Entity | | | Legal Entity | |
| 0607 | | 06 | 808 | | | | | | |
| % 50.00 | | % 50. | 00 | | % | | % | | |
| PASSENGER INFORMATION | | 76 JU. | 00 | | /0 | | /0 | | |
| Number of Preschool/Kindergarten pupils riding this route | | ELEMENTARY RIDERS (Grades PK-8) | | | | TOTAL ELIGIBLE RIDERS | | | |
| | | a | | | b | | C | | |
| Regular (include eligible Preschool/Kindergarten riders) | | NUMBER | | NUMBER | | a + b | | | |
| 1st Wheelchair (WC) | | | | | | | | | |
| 2nd Wheelchair (WC) | | | | | | | | | |
| Additional Wheelchairs (WC) | | | | | | | | | |
| Non-WC IEP Lists Trans as Related Service | | | | | | | | | |
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| County 1 This Application for Registration | | | | | | ordance with Section 2 | | | |
| area assigned to it by the County | ty Transpo | ortation C | | omont na | S SOUTH TO VICE | | Date | and transportation | |
| Signature - Chair County Franchorts | ation ('ome | THITTOO | | | | | 1 1210 | | |